

**Testimony of
Marilyn R. Egerton, Deputy Director
Foster & Adoptive Parent Advocacy Center (*FAPAC*)**

**before the
U.S. House of Representatives
Committee on Government Reform
Friday, May 16, 2003**

Good morning Congresswoman Norton, Congressman Davis and members of the committee. My name is Marilyn Egerton, and I am a DC foster, kinship and adoptive parent. In addition, I am the Deputy Director of the Foster & Adoptive Parent Advocacy Center, commonly known as FAPAC, an organization that assists foster, kinship and adoptive parents of children in the DC child welfare system to secure services and helps to create system change.

We are very appreciative of your inclusion of foster parent voices into these hearings and thank you for inviting us to participate and to share our experiences with the reform efforts of the DC Child welfare system.

In the 12 years that my husband and I have been foster parents, we have fostered over 25 children, had well over 50 social workers, and I have been active as a member of the foster parent leadership through 3 changes in administrations. Currently living in my home are my foster grandson, the infant son of one of my older boys who has “aged out” of the system, my foster teenage son and my three adopted school aged children. In addition, we continue to parent four young adults who we raised in foster care. They have aged out of the system and now live nearby and although they no longer live in our home they are still very much a part of the family. With this perspective of history, I feel qualified to discuss changes we are currently experiencing under the administration of the Director, Olivia Golden, and the Principal Deputy Director, Leticia Lacomba.

Although everyone agrees that there is still a tremendous amount of work to be done at CFSA, I think it only fair to point out some of the positive changes that have happened during this

administration which have brought, and have the potential to bring many more, significant changes in the lives of children in the DC child welfare system and their foster/kin/adoptive families.

Recently, this administration and staff, in partnership with the foster parent community, has been able to close down the respite center that was located on the first floor of the CFSA building. This was a place where children were living, often for days at a time, while placement workers tried to find a home for them. Can you imagine being a child who was just recently removed from all that is familiar to you - your family, your friends and your community? Only to spend those crucial first few days sleeping in an office building and not in the comfort and safety of the loving home and arms of foster parents trained and willing to help you through this most difficult time? This is a very personal issue for me. As a member of Foster Parents United for Support and Change, a local foster parent support group, I worked very hard to combat this situation. In previous years and during previous administrations, at the end of our monthly meetings, members who had vacancies in their homes would go down to the respite center to see if there were any children who could be placed with us who were sleeping at the agency. It was tragic and poignant to see children of all ages who could not be placed anywhere else living for days in an office building. To have lessened the need for this center so much so, that it could be eliminated all together is quite an achievement. When we add to this the fact that not only are children being placed without having to spend the night at CFSA, but that most children are being placed in actual homes with loving foster and kinship families, and not in congregate care, it is clear to us that this is an amazing accomplishment.

Another major problem we have had for years and years has been the lack of accessibility of our social workers, supervisors and administrators. In fact, it was so bad that many foster parents were convinced that once caller ID went into the agency, their calls were actually being screened out by workers. At the insistence of foster parent leadership, CFSA has mandated that each staff member have an outgoing voice message giving the name and number of their supervisor so that if we cannot reach our worker we can immediately go up the chain of command. This may sound like a small innocuous change to many, but I, like most foster parents whom I know, have been in situations with my own children over the years when I have called and left many

messages for my children's social worker(s) to request vital information like a Medicaid number, options for therapy for my child(ren), shot records or daycare options. And, because I didn't know who the social worker's supervisor was, or I didn't know the supervisor's number, my only options were to sit and wait days and sometimes weeks for a social worker to get back to me or for my husband or me to take a day off of work and go down to CFSA and act ugly until someone helped us. Having this information readily available on the outgoing voicemail message has been very helpful for those situations in which accessing services are contingent upon the ability to reach our workers in an expedient fashion. In addition, the accessibility of upper level management to both foster parent leadership and individual foster parents has been extremely commendable.

Another extremely serious problem we have had absolutely forever has been the lack of information given to foster parents about the children we are taking into our homes. Children have historically been placed without our being told imperative medical, psychological, and behavioral information, because that information was not communicated to the placement workers. Imagine being a foster parent who takes a child into your home and finds out that the child sets fires, but you were not told. Because of this, children were often placed into homes that were not prepared for them, and the placements broke apart, or as we say, "disrupted." In the last few months foster parents and staff have worked together on the development of a new "Placement Information Package". The agency has promised to uphold the expectation that all relevant information available to the agency will be passed onto foster parents through this package so they can make appropriate decisions about placements in their homes. When CFSA workers actually begin using them, this will be another major improvement.

In these last years, as a member of the foster parent leadership, I have spent much time at CFSA. My current experience is that there is active and diligent work being done towards improvement and reform. Staff, administration and foster parent leadership have put in many hours working on systemic issues. Foster parents have experienced significantly improved appreciation and inclusion from the upper level and a more acute consciousness of what we need to care for our children. We have seen much more energy spent on trying to address the issues of multiple placements, such as the introduction of Disruption conferences, which utilize clinical expertise to

try to prevent the disruption of placements. We hope that these clinical interventions will be increased to include wrap-around services that will permit a “traditional” foster parent to maintain a child they love in their home instead of having to transfer them to a much more expensive higher end therapeutic home to get services, as has been the case. We specifically recognize Clinical Services Administration, under Dr. Roque Gerald, for work in these areas.

One of the major issues for DC’s foster parents, and indeed nationwide, is the lack of inclusion in decision-making. This decision-making exclusion is two- fold and includes decisions about the individual children in your home as well as decisions about agency policy, regulation and practice. Nationwide, this lack of inclusion is cited as one of the major reasons that foster parents quit fostering. When a system can not retain its foster parents, any recruitment efforts, no matter how successful, are like recruiting into a bucket that has a hole in the bottom.

To address the concern about lack of inclusion into agency policy and practice, Ms. Leticia Lacomba, Principal Deputy Director, began to work directly with joint working groups of foster parents and staff to revise and impact policy and practice guidelines. Involving foster parents in true partnership with staff and administration in this way has been a tremendous step forward and we want to acknowledge her for this accomplishment.

Unfortunately, inclusion into the professional team for the children in our home has not yet been achieved, and will be discussed as we move into the discussion of the many challenges still ahead.

Despite the good intentions and real improvement we have seen, the tasks ahead for CFSA regarding its foster parent community are still great. There are many areas in which the support and services we receive are inadequate to meet the needs of our children.

Although we applaud the accessibility of the upper level administration to its foster parent community, many of the issues brought up to that level should have been resolved at lower and middle levels. What we see is that the infrastructure of CFSA has not yet improved to accommodate the changes being made at the upper level. As a result, balls are still dropping on

the lower and middle levels, problem resolution often goes around in circles, and the person who needs help gets bounced from one staff or unit to another. In addition, units themselves are often out of alignment with each other in the information they give to our families and in the processes they create. This causes much confusion to anyone trying to access services. Hours more appropriately spent parenting are spent in frustrating efforts to seek problem resolution. One positive exception to this is the Health Services Unit, under the leadership of Cheryl Durden. When a foster parent calls this unit with a medical issue, it is handled in a timely and appropriate manner. It is our recommendation that there be a centralized phone line that foster parents can call when they have issues they can not resolve. Instead of referring the foster parent to another part of the agency, the phone staff would be responsible for figuring out how to fix the problem and get back to the foster parent with a resolution. This phone line could also serve a second purpose which would be to track data on problems and barriers faced by DC's foster families; this data could be used in many ways to assist in identifying needs for systemic reform. We think that this phone line should operate through CFSA itself; however, if the agency would prefer, it could be operated in the community if there was very close collaboration between the community group and the agency.

Another infrastructure issue I would like to comment on is the reliance on social workers for routine tasks that could be accomplished by administrative support staff. When foster parents have to call social workers for something as simple as a birth certificate number, they may have to call over and over to reach a worker. This in turn clogs up the worker's voice mail which may make them less accessible to others. I can not tell you how often I have had to call a social worker to get a social security number for one of my children. Quite frankly I am perplexed that the agency does not utilize administrative support for these clerical tasks within the social work unit, freeing the social workers to actually practice social work. It is our recommendation that CFSA assign one administrative assistant per (X) number of social workers for this purpose.

In addition, although the responsiveness and inclusiveness of the upper level has been real and significant, the attitudes of true partnership have not yet consistently reached the front lines. Many of DC's foster parents have been operating as caseworkers themselves for years, handling all on their own the daunting tasks of finding resources for their children. Many have had no

regular visits from workers, no phone calls, no help, no after hours support at all, and as such stand alone. Despite that, workers often invalidate our experience and when it comes to the right to make decisions, exclude, ignore and/or rebuff the foster parent's input.

It is this inclusiveness into case planning for the children in our homes that is seriously lacking. In my own experience, for all the children currently living in my home, I have been invited to participate in a total of ONE administrative review, at which permanency plans and progress are to be discussed. Since these reviews are supposed to be happening every six months, either they are not happening at all or they are happening without my presence, input or feedback. The agency is out of compliance with The Adoption and Safe Families Act (ASFA) on both administrative reviews and court notifications to its foster parents. We have been assured very recently that the technological and logistical barriers to notification have been resolved and that consistent notification of Administrative Reviews will now be implemented. We hope to see evidence of this in the immediate future. We trust that our notifications of court reviews will be next.

There is much work ahead to address the complicated issues of real partnership between line workers and foster parents. Let me begin by saying that we have had many very good social workers at CFSA. However, many social workers have been taught and thus operate out of an outdated paradigm that discourages the inclusion of foster parents in decision making. We believe that working through this to real partnership has its solution in social worker training, both in their formal graduate programs and on the job. We acknowledge that the agency has taken a first step by inviting us to participate in the training that new workers receive. I am personally very excited about the possibility of participating in these trainings. I think it is vital to a successful working relationship that the worker have a real understanding of how what s/he does or says may effect the foster parent's ability to open up to them and trust them, thus impacting the quality of care our children receive. It is imperative that social workers understand that they must give foster parents the same respect that they give the other professionals involved in the care and treatment of our children. We are the ones who are caring for these children day in and day out. Although I am very excited about these trainings, it is my hope that this is just the beginning. It is my hope that we will get to the point where we can expand this training to

allow us to work also with those social workers who have been around for a while. After all, it was a veteran social worker with many years of experience who told my husband and me that we were too strict with my 17 year old son when we put him on restriction for constantly acting out in school and having multiple suspensions. She recommended that he go into independent living. When we objected, saying that we had been parenting him since he was 11 years old and that we were 100% sure that he was not mature enough to handle the freedom that comes with an independent living program, she pushed for it and got it anyway. From the moment he entered the program my son went on a downward spiral that landed him in a psychiatric facility. There it was determined that he needed a more structured environment and we were asked if he could come back home to us. In fact, the hospital would not release him unless he could come back home to us. They refused to release him to the Independent Living Program as it was not structured enough for his needs. Although this particular incident occurred under a previous administration, lack of input into decisions about our children still continues. I feel this is a good example of the danger that can happen to our children when decisions are made by people who see them at the most once a month, and often much less, without taking into serious consideration the input of those of us who are parenting them every day.

I think that it would be beneficial if we recommend that social workers be given more training on how to access resources, both within CFSA itself and from the community. Access to resources remains a big problem for us. There is a lot of inconsistency in this area. Securing resources often depends upon the knowledge, workload and sometimes even personal feelings of your workers. A strong example of this lack of resource consistency is day care. Foster parents who live in DC are entitled to day care services through the Office of Early Childhood Development. (Although we do have the barrier that there are not enough infant day care slots available in DC.) However, some workers can access it fast, some have to be taught by their foster parents or GAL's how to access it at all, and in fact one private agency has told their families that day care is not even available! Again this is a personal issue for me. My foster grandson was placed with us at the ripe old age of two months old and in spite of many, many phone calls and inquiries from both my husband and me, our little Jay was seventeen months old before daycare was secured. Had it not been for the untiring help of family and friends, as well as compassion and

flexibility of my husband's and my employers we would not have been able to continue to parent this child who has known us as his grandparents since the day he was born.

One resource is so very absent from the fabric of this city that it demands separate mention of its own. That resource is quality and timely mental health services. Our children are wounded; many have suffered emotional and sometimes physical abuse and all have suffered much loss. It is outrageous that their mental health needs have been addressed in such an inadequate manner. We do not know the answer; however, this problem is so paramount that it cannot go unaddressed.

Another huge issue for us is Medicaid. Medicaid numbers may not be given to us before we need to seek health care. This creates a very serious situation when we need prescriptions filled. Also, our numbers often become inactive, creating the inability to access services. In addition, the lack of an operating Medical Consent to Treat Policy leaves us as well as the hospitals confused about who needs to sign for what treatments. We have been trying to get the agency to develop and implement a medical consent policy for over a year and a half, but to our knowledge there has been no significant progress made. This is of utmost urgency to us, because sooner or later a child will die and a foster parent will go to jail because they signed for some procedure that they had no right to approve.

Another issue for foster parents is the lack of availability of respite care. All parents need a break from parenting sometimes. Biological parents have the option of sending their child(ren) to spend the weekend with a relative or family friend, or to visit with a classmate at his/her home. As foster parents, we don't have that option unless those persons can meet many criteria, including obtaining all the clearances that foster parents are required. This puts us in a very tough position. Not only are we asked to parent with out significant breaks, we are parenting children who often have serious issues. Can you imagine all of a sudden the number of children in your family increasing by four? It happened to me three years ago. I got a call about a sibling group of four boys, ages 6, 8, 10, and 12. This was quite an undertaking as I am sure you can imagine. As delightful as the boys were, we began to notice almost immediately that one of our children had some pretty severe emotional problems and we began to seek out help for him.

When it was all said and done he was diagnosed with severe depression and intermittent explosive disorder. It took about a year and a half for him to be diagnosed and for the doctors to determine the proper medications in the proper doses to help stabilize him. During that time our home was in constant turmoil with crisis after crisis involving him, while we were still trying to effectively parent his three siblings and my adopted daughter. When we asked for respite once a month so that we could regroup and be better able to parent our children we were told that respite was not available. The situation escalated to the point that the placement disrupted and he was placed in a “therapeutic” home where the city not only pays significantly more for his care, but the therapeutic foster parents get respite every other weekend. This was very traumatic for all of us. He was not only separated from us, but also from his siblings who had been the only constant in his life. Mine is not the only story. Many foster parents can tell of situations where they feel access to respite would have enabled them to continue fostering a child rather than having the placement disrupt. I really believe that respite can be a big part of decreasing the number of disruptions as well as increasing foster parent retention. And a foster parent who is happy and wants to remain a foster parent is more likely to actively recruit other potential foster parents for the agency. Providing respite for foster parents is a win/win situation for all involved.

I believe that we are seeing many seeds which have been planted under this administration which can lead to very positive change for foster families at CFSA, but many have not yet blossomed into actual day-to-day improvement. There is still a great deal of work to do. Responsiveness, accessibility and inclusiveness of the upper level to its foster parents have been real and beyond rhetoric, as demonstrated by the cutting edge partnership lead by Ms. Lacomba. We have come very far in these ways. However, we have much farther to go before the infrastructure of CFSA supports and implements the philosophy of the upper level or the principles of best practice. To summarize, some specific successes we have seen are:

- ❖ Closure of the CFSA respite center;
- ❖ CFSA mandate requiring all staff to give the name and number of their supervisor on their outgoing voice mail message;

- ❖ Accessibility of upper level management to both foster parent leadership and to individual foster parents;
- ❖ The development of a new placement information packet;
- ❖ The introduction of disruption conferences;
- ❖ Principal Deputy Director Leticia Lacomba's creation of joint working groups of foster parents and staff to revise and impact policy and practice guidelines;

Some specific areas we need to see improvement in are:

- ❖ After hours crisis intervention for foster families outside of the general hotline;
- ❖ Quality and timely mental health evaluations and therapy;
- ❖ Consistently active Medicaid numbers and cards;
- ❖ Easily and consistently accessible emergency and planned respite care for foster parents;
- ❖ Timely day care;
- ❖ Operating Medical Consent to Treat Policy;
- ❖ Increased efforts to develop partnership between social workers and foster parents;
- ❖ Training of all social work staff on resource availability;
- ❖ Clear and consistent systems for problem resolution which free up foster parents to spend our time and energy parenting our children instead of going around in circles fighting for services.

In closing, we do believe that the agency is on the right path and should continue in the direction in which they are traveling, which they have developed in collaboration and partnership with foster parents and other community stakeholders. We also see the necessity for them to further develop the infrastructure that will facilitate the kinds of changes essential for our children to receive the care they deserve. We acknowledge, as "Rome was not built in a day," that CFSA can not complete its systemic reform overnight. However, we do encourage them to move quickly to resolve those issues which ARE immediately fixable.

I appreciate the opportunity to speak to foster parent concerns at this hearing. As an individual foster parent as well as the Deputy Director of FAPAC I will continue to be available to assist in system reform in any way I can, and to work with CFSA to develop its path of partnership with its foster parent community.